



**GAINESVILLE FIRE DEPARTMENT  
APPLICATION FOR SMOKE DETECTOR(S)/BATTERIES**

**NAME**

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**FIRST** **MIDDLE** **LAST**

**ADDRESS**

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**STREET** **CITY/STATE** **ZIP**

**TELEPHONE**

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**HOME TELEPHONE** **WORK TELEPHONE**

APPLICANT MUST MEET ONE OF THE FOLLOWING REQUIREMENTS TO RECEIVE A SMOKE DETECTOR.  
PLEASE CHECK THE ONE THAT APPLIES TO YOU:

- \_\_\_\_\_ ELDERLY, ON FIXED INCOME
- \_\_\_\_\_ HANDICAPPED, UNABLE TO INSTALL SMOKE DETECTOR
- \_\_\_\_\_ HEAD OF HOUSEHOLD, IN WHICH TOTAL HOUSEHOLD INCOME IS LESS THAN \$10,000 PER YEAR

THE APPLICANT HEREBY RELEASES THE GAINESVILLE FIRE DEPARTMENT OF ANY AND ALL LIABILITY PERTAINING TO THE PERFORMANCE OF THE SMOKE DETECTOR IN THE EVENT THE SMOKE DETECTOR FAILS TO PERFORM PROPERTY DURING A FIRE OR ANY OTHER CONDITIONS THE SMOKE DETECTOR WAS DESIGNED TO OPERATE IN. THE APPLICANT ALSO AGREES TO RELEASE THE GAINESVILLE FIRE DEPARTMENT OF ANY LIABILITY PERTAINING TO DAMAGE THAT MAY RESULT DURING THE INSTALLATION OF THE SMOKE DETECTOR. THE APPLICANT WILL ALSO ALLOW THE GAINESVILLE FIRE DEPARTMENT TO INSTALL THE SMOKE DETECTOR AND TO INSPECT AND PERFORM AND NECESSARY MAINTENANCE AT NO CHARGE TO THE APPLICANT.

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APPLICANT'S SIGNATURE **DATE**

**\*RETURN FORM TO GAINESVILLE FIRE DEPARTMENT, 201 SANTA FE, OR FAX TO 940.668.4575**

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**FOR DEPARTMENT USE ONLY**

**DATE INSTALLED** **NUMBER INSTALLED** **SHIFT INSTALLING DETECTORS**  
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**PERSONNEL INSTALLING DETECTOR(S)**  
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**REINSPECTION INFORMATION**

| YEAR   | PERSONNEL INSPECTION | COMMENTS |
|--------|----------------------|----------|
| -----/ | -----/               | -----    |
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